



## Vacation Bible School 2010 Holy Trinity Lutheran Church

Week 1: June 21 – 25  
5:30 – 8:00 PM

Week 2: August 2-6  
9:00-11:30 AM

**BAOBAB BLAST** Vacation Bible School is an open invitation to be a part of God's Great Get-Together. Set under the impressive baobab tree, kids will have the opportunity to hear the Word, be amazed at God's wildlife creations, and be a part of a supportive community.

Kids will be able to:

- Learn Bible verses and stories
- Meet some new friends
- Sing songs and watch skits during worship
- Discover through science
- Create theme-inspired crafts
- Get moving with cool games
- Munch on food fit for the savannah

During our June week, each evening begins with a kid-friendly dinner at 5:30 PM in the fellowship hall. Our Opening Celebration kicks off at 6 PM, followed by a rotation through age-appropriate activity sites. Then we will gather for snacks and a Closing Celebration, which concludes at 8 PM.

The last evening (Friday, June 25) will be an extra special event. Families and church members are invited to join us for a potluck dinner, Closing Celebration Program, and family-oriented music and activities.

Our second VBS program will take place during the first week of August in the mornings. We will gather under the baobab tree to hear Bible stories and participate in more African-inspired activities.

**BAOBAB BLAST** is geared towards kids ages 3 through 6<sup>th</sup> grade. Sign up using the attached form or at <http://www.holytrinity19086.org>.

Questions? Contact the church office at 610-874-8652, Gail Zdilla at 609-240-4767, or send an email to [zdilla@comcast.net](mailto:zdilla@comcast.net).



# Holy Trinity Lutheran Church VACATION BIBLE SCHOOL 2010

## REGISTRATION FORM

Submit signed forms to the church office, fax to 610-874-7022,  
or email to HolyTrinity927@verizon.net.

Week 1  Week 2  Both

Parent/Guardian Name(s): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Mail Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Congregation: \_\_\_\_\_

*In case of emergency (when parent/guardian cannot be reached) contact:*

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

*Other adults you authorize to pick up your child(ren) from VBS sessions:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

If signing electronically, type your name and relationship.

### Please fill out a separate section for each child (more on back):

1<sup>st</sup> Child's Name: \_\_\_\_\_

Child's last grade completed: PreK  K  1  2  3  4  5  6

Child's T-Shirt Size: S  M  L  Adult S  Adult M

*Please provide information on any health conditions or special circumstances:*

Does this child have any allergies (including food allergies)? NO  YES

Is there anything else we need to know in order to maintain the health and safety  
of this child (e.g. medical conditions, learning differences)? NO  YES

If either of these is YES, please explain. \_\_\_\_\_

\_\_\_\_\_

## Additional Children

\*All contact and pick-up information on p. 1 must be the same for these children

2<sup>nd</sup> Child's Name: \_\_\_\_\_

Child's last grade completed: PreK  K  1  2  3  4  5  6

Child's T-Shirt Size: S  M  L  Adult S  Adult M

*Please provide information on any health conditions or special circumstances:*

Does this child have any allergies (including food allergies)? NO  YES

Is there anything else we need to know in order to maintain the health and safety of this child (e.g. medical conditions, learning differences)? NO  YES

**If either of these is YES, please explain.** \_\_\_\_\_

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3<sup>rd</sup> Child's Name: \_\_\_\_\_

Child's last grade completed: PreK  K  1  2  3  4  5  6

Child's T-Shirt Size: S  M  L  Adult S  Adult M

*Please provide information on any health conditions or special circumstances:*

Does this child have any allergies (including food allergies)? NO  YES

Is there anything else we need to know in order to maintain the health and safety of this child (e.g. medical conditions, learning differences)? NO  YES

**If either of these is YES, please explain.** \_\_\_\_\_

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4<sup>th</sup> Child's Name: \_\_\_\_\_

Child's last grade completed: PreK  K  1  2  3  4  5  6

Child's T-Shirt Size: S  M  L  Adult S  Adult M

*Please provide information on any health conditions or special circumstances:*

Does this child have any allergies (including food allergies)? NO  YES

Is there anything else we need to know in order to maintain the health and safety of this child (e.g. medical conditions, learning differences)? NO  YES

**If either of these is YES, please explain.** \_\_\_\_\_

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